



# Chapter 172 Part-Time Local Education Monthly Active Group

## Monthly Rates

Effective 1/1/2018 to 12/31/2018

For employers who offer the Employees' Prescription Drug Plan or a private plan

PLAN/COVERAGE DESCRIPTION	MONTHLY RATES
Medical Plans Available with Prescription Drug Program #201	
<b>AETNA FREEDOM10 #018 — PPO Plan with \$10 Primary Care Copayment</b>	
Single	\$1,006.35
Member & Spouse/Partner	\$2,012.71
Family	\$2,878.18
Parent & Child	\$1,871.82
<b>NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment</b>	
Single	\$1,006.35
Member & Spouse/Partner	\$2,012.71
Family	\$2,878.18
Parent & Child	\$1,871.82
<b>AETNA FREEDOM15 #180 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$958.02
Member & Spouse/Partner	\$1,916.04
Family	\$2,739.94
Parent & Child	\$1,781.92
<b>NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$958.02
Member & Spouse/Partner	\$1,916.04
Family	\$2,739.94
Parent & Child	\$1,781.92
<b>AETNA HMO #019 — HMO Plan with \$10 Primary Care Copayment</b>	
Single	\$922.76
Member & Spouse/Partner	\$1,845.53
Family	\$2,639.12
Parent & Child	\$1,716.35
<b>HORIZON HMO #011 — HMO Plan with \$10 Primary Care Copayment</b>	
Single	\$913.56
Member & Spouse/Partner	\$1,827.12
Family	\$2,612.78
Parent & Child	\$1,699.22
<b>PRESCRIPTION DRUG PROGRAM #201</b>	
Single	\$278.59
Member & Spouse/Partner	\$557.17
Family	\$796.78
Parent & Child	\$518.18



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PLAN/COVERAGE DESCRIPTION	MONTHLY RATES
Medical Plans Available with Prescription Drug Program #205	
<b>AETNA FREEDOM1525 #063</b> — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$929.79
Member & Spouse/Partner	\$1,859.59
Family	\$2,659.21
Parent & Child	\$1,729.42
<b>NJ DIRECT1525 #051</b> — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$929.79
Member & Spouse/Partner	\$1,859.59
Family	\$2,659.21
Parent & Child	\$1,729.42
<b>AETNA HMO1525 #061</b> — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$852.09
Member & Spouse/Partner	\$1,704.18
Family	\$2,436.98
Parent & Child	\$1,584.89
<b>HORIZON HMO1525 #053</b> — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment	
Single	\$843.57
Member & Spouse/Partner	\$1,687.15
Family	\$2,412.64
Parent & Child	\$1,569.06
<b>PRESCRIPTION DRUG PROGRAM #205</b>	
Single	\$252.67
Member & Spouse/Partner	\$505.35
Family	\$722.63
Parent & Child	\$469.96



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For employers who offer the Employees' Prescription Drug Plan or a private plan

PLAN/COVERAGE DESCRIPTION	MONTHLY RATES
Medical Plans Available with Prescription Drug Program #206	
<b>AETNA FREEDOM2030 #064</b> — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$873.82
Member & Spouse/Partner	\$1,747.65
Family	\$2,499.15
Parent & Child	\$1,625.32
<b>NJ DIRECT2030 #052</b> — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$873.82
Member & Spouse/Partner	\$1,747.65
Family	\$2,499.15
Parent & Child	\$1,625.32
<b>AETNA HMO2030 #062</b> — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$801.27
Member & Spouse/Partner	\$1,602.54
Family	\$2,291.64
Parent & Child	\$1,490.36
<b>HORIZON HMO2030 #054</b> — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment	
Single	\$793.25
Member & Spouse/Partner	\$1,586.50
Family	\$2,268.70
Parent & Child	\$1,475.45
<b>PRESCRIPTION DRUG PROGRAM #206</b>	
Single	\$257.14
Member & Spouse/Partner	\$514.26
Family	\$735.43
Parent & Child	\$478.29



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For employers who offer the Employees' Prescription Drug Plan or a private plan

PLAN/COVERAGE DESCRIPTION	MONTHLY RATES
Medical Plans Available with Prescription Drug Program #207	
<b>AETNA FREEDOM2035 #066 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment</b>	
Single	\$751.49
Member & Spouse/Partner	\$1,502.99
Family	\$2,149.27
Parent & Child	\$1,397.78
<b>NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment</b>	
Single	\$751.49
Member & Spouse/Partner	\$1,502.99
Family	\$2,149.27
Parent & Child	\$1,397.78
<b>AETNA HMO2035 #065 — HMO Plan with \$20 Primary Care / \$35 Specialist Care Copayment</b>	
Single	\$689.09
Member & Spouse/Partner	\$1,378.19
Family	\$1,970.81
Parent & Child	\$1,281.72
<b>HORIZON HMO2035 #055 — HMO Plan with \$20 Primary Care / \$35 Specialist Care Copayment</b>	
Single	\$682.18
Member & Spouse/Partner	\$1,364.37
Family	\$1,951.05
Parent & Child	\$1,268.87
<b>PRESCRIPTION DRUG PROGRAM #207</b>	
Single	\$231.42
Member & Spouse/Partner	\$462.85
Family	\$661.89
Parent & Child	\$430.46

For copayments and deductibles, please refer to the *Plan Design Charts* on our website at: [www.nj.gov/treasury/pensions](http://www.nj.gov/treasury/pensions)



## Chapter 172 Part-Time Local Education Monthly Active Group

### Monthly Rates

Effective 1/1/2018 to 12/31/2018

For employers who offer prescription drugs through the medical plan in which the subscriber is enrolled

PLAN/COVERAGE DESCRIPTION	MONTHLY RATES
<b>AETNA FREEDOM10 #018 — PPO Plan with \$10 Primary Care Copayment</b>	
Single	\$1,209.74
Member & Spouse/Partner	\$2,419.48
Family	\$3,459.87
Parent & Child	\$2,250.12
<b>NJ DIRECT10 #050 — PPO Plan with \$10 Primary Care Copayment</b>	
Single	\$1,209.74
Member & Spouse/Partner	\$2,419.48
Family	\$3,459.87
Parent & Child	\$2,250.12
<b>AETNA FREEDOM15 #180 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$1,151.63
Member & Spouse/Partner	\$2,303.30
Family	\$3,293.67
Parent & Child	\$2,142.04
<b>NJ DIRECT15 #150 — PPO Plan with \$15 Primary Care Copayment</b>	
Single	\$1,151.63
Member & Spouse/Partner	\$2,303.30
Family	\$3,293.67
Parent & Child	\$2,142.04
<b>AETNA HMO #019 — HMO Plan with \$10 Primary Care Copayment</b>	
Single	\$1,190.53
Member & Spouse/Partner	\$2,381.07
Family	\$3,404.91
Parent & Child	\$2,214.38
<b>HORIZON HMO #011 — HMO Plan with \$10 Primary Care Copayment</b>	
Single	\$1,181.32
Member & Spouse/Partner	\$2,362.65
Family	\$3,378.58
Parent & Child	\$2,197.26
<b>AETNA FREEDOM1525 #063 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment</b>	
Single	\$1,111.24
Member & Spouse/Partner	\$2,222.45
Family	\$3,178.15
Parent & Child	\$2,066.91
<b>NJ DIRECT1525 #051 — PPO Plan with \$15 Primary Care / \$25 Specialist Care Copayment</b>	
Single	\$1,111.24
Member & Spouse/Partner	\$2,222.45
Family	\$3,178.15
Parent & Child	\$2,066.91



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PLAN/COVERAGE DESCRIPTION	MONTHLY RATES
<b>AETNA HMO1525 #061 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment</b>	
Single	\$1,104.76
Member & Spouse/Partner	\$2,209.53
Family	\$3,159.61
Parent & Child	\$2,054.85
<b>HORIZON HMO1525 #053 — HMO Plan with \$15 Primary Care / \$25 Specialist Care Copayment</b>	
Single	\$1,096.24
Member & Spouse/Partner	\$2,192.50
Family	\$3,135.27
Parent & Child	\$2,039.02
<b>AETNA FREEDOM2030 #064 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment</b>	
Single	\$1,055.27
Member & Spouse/Partner	\$2,110.51
Family	\$3,018.09
Parent & Child	\$1,962.81
<b>NJ DIRECT2030 #052 — PPO Plan with \$20 Primary Care / \$30 Specialist Care Copayment</b>	
Single	\$1,055.27
Member & Spouse/Partner	\$2,110.51
Family	\$3,018.09
Parent & Child	\$1,962.81
<b>AETNA HMO2030 #062 — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment</b>	
Single	\$1,058.42
Member & Spouse/Partner	\$2,116.80
Family	\$3,027.07
Parent & Child	\$1,968.65
<b>HORIZON HMO2030 #054 — HMO Plan with \$20 Primary Care / \$30 Specialist Care Copayment</b>	
Single	\$1,050.40
Member & Spouse/Partner	\$2,100.76
Family	\$3,004.14
Parent & Child	\$1,953.74
<b>AETNA FREEDOM2035 #066 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment</b>	
Single	\$914.80
Member & Spouse/Partner	\$1,829.58
Family	\$2,616.33
Parent & Child	\$1,701.53
<b>NJ DIRECT2035 #056 — PPO Plan with \$20 Primary Care / \$35 Specialist Care Copayment</b>	
Single	\$914.80
Member & Spouse/Partner	\$1,829.58
Family	\$2,616.33
Parent & Child	\$1,701.53



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<b>AETNA HMO2035 #065 — HMO Plan with \$20 Primary Care / \$35 Specialist Care Copayment</b>	
Single	\$920.52
Member & Spouse/Partner	\$1,841.04
Family	\$2,632.70
Parent & Child	\$1,712.18
<b>HORIZON HMO2035 #055 — HMO Plan with \$20 Primary Care / \$35 Specialist Care Copayment</b>	
Single	\$913.61
Member & Spouse/Partner	\$1,827.23
Family	\$2,612.95
Parent & Child	\$1,699.33

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